MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-002430
STATE FILE NUMBER

Registration District No. 187 Primary Registration District No. 3040 Registrar's No. 21

FILED FEB 4 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300
Rev. 4/59

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1	0595		
2	0590		1
3			
4	1		
5	2		
6			
7	1		
8	2		
9	493X		
10			
11			
12	86.0		
13	1.0		

BY AFFIDAVIT OF — DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: Livingston
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Chillicothe
Length of stay in 1b: 1 Year
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Susans Rest Home
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNT: Livingston
c. CITY OR TOWN: Breckenridge
Inside Limits: Yes ☐ No ☑
d. STREET ADDRESS (If outside, give location): Livingston County
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Ethel Middle: Mae Last: Morse

4. DATE OF DEATH: Month Day Year: 1/24/63

5. SEX: Female

6. COLOR OR RACE: Cauc.

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: 12/15/82

9. AGE (last birthday): 80
IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: ------

11. BIRTHPLACE (City and state or country): Ionia, Mich.

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Levi J. Barnard

13b. MOTHER'S MAIDEN NAME: Amy R. Bliss

14. NAME OF HUSBAND OR WIFE: Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of servi: No

16. SOCIAL SECURITY NO.:

17. INFORMANT Address: Bliss Morse Smithville, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Pneumonia
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Chronic myocarditis due to arteriosclerosis

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1962 to 1-24-63 and last saw her/him alive on Jan 19 63
Death occurred at 6.50 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Joseph F. Gale MD

22b. ADDRESS: Chillicothe Mo

22c. DATE SIGNED: 1-25-63

22a. BURIAL, CREMATION, REMOVAL (Specify): Burial

22b. DATE: 1/26/63

23c. NAME OF CEMETERY OR CREMATORY: Rosehill Cemetery

23d. LOCATION (City, town, or county) (State): Breckenridge, Mo.

24. FUNERAL DIRECTOR ADDRESS: Mead-Pitts Breckenridge, Mo.

25. DATE RECD. BY LOCAL REG.: Jan 25, 1963

26. REGISTRAR'S SIGNATURE: Annalee Taylor

(Licensed Embalmer's Statement on Reverse Side)

MAR 4 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed John W. Pitts

Licensed Embalmer No. 5074

P. O. Address Breckenridge, MO.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.